

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

	(Type or I	Print Clearly)	STATE OF HAWAII		
PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Macapagal	Annie		808-544-8300		
MAILING ADDRESS (Stre	FAX				
999 Bishop St., 23	EMAIL				
(City)	(State)		(Zip Code)		
Honolulu	HI		96813		
EMPLOYING ORGANIZATIO	lobby) TELEPHONE				
Watanabe Ing LLP			808-544-8300		
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999 Bishop St., 23rd Floor			EMAIL		
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PART II ORGANIZAT	ION	
NAME OF ORGANIZATION Y	TELEPHONE	
Apollo Group Inc.	202-580-6669	
MAILING ADDRESS (Street)	FAX	
4025 S Riverpoint Pk	EMAIL	
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Phoenix	AZ	85040
NAME OF PERSON RESPONSI	TELEPHONE	
Annie Macapagal	808-544-8300	
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	√ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection Commerce	&	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	√ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protect	tion Housing	Public Safety & Corrections			
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PART IV CERTIF	ICATION OF LOBBYIST				
I hereby certify	that the information furnished abov	e is, to the best of my knowled	dge, correct and complete.		
Allacrand 1/30/13					
	(Signature of Lobbyist) (Date)				
	RIZATION TO LOBBY				
NAME	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Alden Schacher	Iden Schacher Vice President, State Government Affairs				
NAME OF ORGANIZAT	ION (if applicable)		TELEPHONE		
Apollo Group Inc.			202-580-6669		
MAILING ADDRESS (Street)			FAX		
4025 S Riverpoint Pkwy, Mail Stop CF-KX10			EMAIL		
(City)	(State)		(Zip Code)		
Phoenix	AZ		85040		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
aloly Cr 1/28/13					
(Signat	ure of Authorizing Officer or Person Repres	sented)	(Date)		

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(Date)